

AUTHORIZATION FORM FOR CONSULTANTS FOR WIRELESS E9-1-1 PHASE 1 AND PHASE 2 IN VIRGINIA

Verizon Commun	nications is hereby notified that the consultant named below is
authorized to act	on behalf of(County or City)
Public Safety Ans	(County or City) swering Point for the purpose of implementing wireless E9-1-1 service.
Name of Consult	tant(s)
Name of Consult	ting Company
Wireless E9-1-1 s	specifically authorized regarding implementation of Phase 1 or Phase 2 service as follows:
Yes No	Request prices for network services and equipment, if applicable
Yes No	Order 9-1-1 PSAP trunks
Yes No	Order other network services or upgrades
Yes No	Order make busy circuits or other disaster recovery arrangements for new 9-1-1 PSAP trunks
Yes No	Order upgrades or additions to premise equipment, if applicable. (It is understood that contracts must be signed by an official of the city or county.)
Other authorizat	tion:
This authorization	n is effective from the date of this notification until (Date)
Name of City or C	
Signature of City	or County official
Date	